SERIAL NO. 10/58/375 APPLICANT(S) MULTIPLE DEPENDENT CLAIM FILING DATE FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER AS FILED AFTER AFTER AS FILED 1" AMENDMENT. 2 [™] AMENDMENT I"AMENDMENT 2 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. TOTAL IND TOTAL IND TOTAL DEF TOTAL DEP TOTAL CLAIMS

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